

EAF

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

MAY 27 2016 *TS*

5-27-16

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

JAMES Roberts

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

1:16-cv-5693

Judge Sharon Johnson Coleman
Magistrate Judge Sheila M. Finnegan
PC5

Sheriff Tom Dart

Director Reyes

Superintendent Brown

Sgt. Moore

SHERIFF JOHN DOES

SHERIFF SALMON

SHERIFF RAYLO

SHERIFF MURILLO

SHERIFF GARIBO

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Filing under ADA

I. Plaintiff(s):

- A. Name: JAMES Roberts
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: COOK county Jail
- E. Address: P.O. Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM Dart
Title: SHERIFF
Place of Employment: COOK county Jail
- B. Defendant: Mr. Reyes
Title: Director
Place of Employment: COOK county Jail
- C. Defendant: Mr. Brown
Title: Superintendent
Place of Employment: COOK county Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Defendant Mr. Moore

title: Sgt.

Place of Employment: Cook County Jail

Defendant Mr. Salmon

title: Sheriff

Place of Employment: Cook County Jail

Defendant Mr. Ravelo

title Sheriff

Place of Employment: Cook County Jail

Defendant Mr. Murillo

title Sheriff

Place of Employment: Cook County Jail

Defendant Mr. Gariba

title Sheriff

Place of Employment: Cook County Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

State Next of Claim:

①

2, 6, 16

ON 2, 6, 16

I WAS sleeping in cell 6 when CCDoc Sheriff D. Salmon open the cell 6 Door Salmon Told me That it WAS Time To come out of cell 6 - I Asked Salmon For my 2 Hours out of cell 6. I Asked Salmon To put The Television on Channel 25, Plus To Turn on The phones I tried to call my Brother - I could NOT Reach my Brother So I Decides To Take A Shower I Asked Salmon To Speak To A white Shirt Salmon left The Tier Area - white Shirt moore came IN The Shower Area pulled out His Spray AND Sprayed me IN The Eyes AND my Face AND Head All over my Body I could NOT see I CAN NOT STAND up Because when My Right leg WAS Amputeed My left Foot WAS Drilled A Hole IN The BALL of my Foot - I WAS none weight BEARING Plus I Have NO upper Body Strength when I Fall I Develop Thrombo Phebelitis Plus IF I Break A bone I Do NOT Heal why Did white Shirt moore spray me? I Am Housed Alone - I Am out Alone No one WAS out But me

STATEMENT OF CLAIM; 2,6,16

2) White shirt moore HAD ALL OF my medical information - BECAUSE moore HAD TO Help me BEFORE when I WAS IN The Shower Division 8RTU 3A cellio I HAD TO EXPLAIN TO moore ABOUT ALL OF my medical ISSUES or problems - moore knew ALL my problems - BECAUSE moore HAD TO HAVE THE CCDoc SHERIFFS TO CARRY me BACK ~~in~~ TO cellio.

THEIR next TIME THAT I SAW moore I TOLD moore THANK YOU - BECAUSE I WAS VERY SICK - SO WHY DID moore SPRAY me AT ALL? AFTER I WAS SPRAYED THE CCDoc SHERIFFS moore FOR NO REASON AT ALL - moore SHOULD HAVE GOT me medical HELP THE SHERIFFS PUT me INTO THE CHAIR STAMP DOWN AND ROLLED me OUT OF THE TIER NAKED TO THE DISPENSARY TO WASH OUT my EYES AND ROLLED me BACK TO 8RTU 3E cellio.

I WAS LEFT IN my own BODY WASTES I COULD NOT TAKE A SHOWER FOR OVER 35 HOURS ALSO I LOST ALL my CLOTHES UNDERWEAR 2 pair Tops
Toiletries 2 pair Bottoms
4 Tee Shirts

STATEMENT OF CLAIM.

3)

Complain NARRATIVE CONTINUES

I WAS STRIPPED OF MY HUMAN DIGNITY
 I WAS HURT AND GRABBED AND PUT
 INTO A CHAIR THAT HELD ME DOWN I WAS
 NAKED AND TAKEN NAKED DOWN THE HALLWAY
 WHILE JOKES WERE MADE ABOUT MY LOSS
 AND SAVIOR I WAS NOT TREATED LIKE A
 CHILD OF GOD I WAS TREATED LIKE A SLAVE
 WORST THAN A WILD ANIMAL LEFT HURT
 AND HURTING WOULD LASTED AND NAKED IN
 MY OWN BODY WASTED MY CLOTHES WERE
 THROWN AWAY LOCKED UP AND LEFT IN
 A COLD CELL AFRAID NOW I HAVE
 NIGHTMARES AND VERY NEGATIVE MOOD SWINGS
 PLUS I CAN NOT SLEEP I FEEL LIKE SUICIDE
 AND NOT LIKE A HUMAN BEING ANIMALS
 GET BETTER TREATMENT. I HAVE THROMBO
 PHLEBITIS DIABETIC HIGH BLOOD PRESSURE
 NOW I HAVE FEAR AND I AM NOT GETTING
 CORRECT MEDICAL CARE SO I AM AFRAID
 I HAVE NOT TAKEN BUT ONE SHOWER I
 BEFORE WOULD TAKE SHOWERS 7 DAYS A WEEK
 I AM AFRAID I DO NOT TRUST ANYONE
 AFTER MORE MENTAL SPIRITUAL ABUSE
 PHYSICAL ABUSE PSYCHOLOGICAL ABUSE
 HARASSMENT INTIMIDATION ASSAULTS ON
 A 67 YEAR OLD AMPUTEE THAT CAN NOT WALK
 ACT OF RETALIATION HARASSMENT THAT CAUSED
 PAIN AND SUFFERING ALSO MY CONSTITUTIONAL

4)

2, 6, 16

Spread By ccDoc white shirt moore
 MADE me NAKED because MOORE STRIPPED
 me OF All my Human Dignity I WAS Hurt
 I AM NOT FULL OF FEAR I AM AFRAID TO TRUST
 ANY ONE I AM AFRAID TO HOPE I FEEL UNWANTED
 I FEEL UNCARED FOR NEGLECTED I FEEL TRAPPED
 I AM AFRAID TO TAKE A SHOWER I HAVE EVERY
 NEGATIVE EMOTIONAL STRESS I HAVE UNCONTROL
 ANXIETY I BECOMES VERY VERY DEPRESSED
 I HAVE NIGHTMARES I AM AFRAID EVERY TIME
 THAT I SEE MOORE

MOORE SPIRITUALLY MENTALLY PSYCHOLOGICAL PHYSICAL
 DISCRIMINATION THAT AFFLICTED PAIN AND
 SUFFERING I HAVE SUFFERED DEATH NIGHT
 AFTER NIGHT I FEEL LIKE COMMITTING
 SUICIDE I HAVE ONLY TAKEN ONE SHOWER
 SINCE MOORE ABUSE ASSAULT HARASSMENT
 INTIMIDATION I FEEL UNSAFE IN MY HOUSING
 UNIT ENVIRONMENT

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5) I Am A Amputee Plus I have Blood
clots Oxygen Deprivation moore should
Have got me medical Help
I was Hurt Physically It was over
35 to 40 Hours Before I could Take
Shower I losted all of my personal
Property was Thrown Away - Still To Day
3,21,16 I HAVE NOT TAKEN ANY OTHER
Shower But one To WASH THAT Spray
OFF me - I AM AFRAIN To TAKE Showers
I would TAKE Showers 7 Days Awee Before
I have Nightmares I AM Always AFRAIN
I AM Depress BECAUSE I DO NOT TRUST ANY
ONE I Feel like I want To commit Suicide
When I FALL I Develop BLOOD Clots
BLOOD clot kill INSTANTLY Plus when I Fall
I DO NOT Heal moore could killed
me Beside me getting Hurt

p3.6

LAST PAGE
OF COMPLAINT

All DEFENDANTS VIOLATED MY 8TH, 9TH, 14TH
AMENDMENT EXCESSIVE FORCE, CRUEL UNUSUAL
PUNISHMENT, DELIBERATE INDIFFERENCE TO
MY LIFE, MEDICAL, MENTAL HEALTH, SAFETY NEEDS,
AM HOLDING DEFENDANTS LIABLE ALSO THE
SUPERVISORS LIABLE, SO AM ASKING FOR
REDEMPTION ALSO SUING AM INCLUDED.

AM FILING THIS UNDER ADA: I ALSO FEAR FOR
MY LIFE ALSO MENTALLY DAMAGED PLUS PHYSICALLY
DAMAGED MY DUE PROCESS WAS VIOLATED ALSO
MY CONSTITUTIONAL RIGHTS:

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Pain and Suffering \$6.5 Million
Dollars

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 3 day of 25, 2016

James Roberts X
(Signature of plaintiff or plaintiffs)

James Roberts X
(Print name)

~~XXXXXXXXXXXX~~ 20140910003
(I.D. Number)

COOK county Jail P.O BOX 089002
CHICAGO, IL 60608
(Address)



**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): Roberts James S		AGE: 67	DATE OF BIRTH: 8,18,1948	HOME #:
	HOME ADDRESS:		CITY:		WORK/OTHER #:
	STATE:	ZIP CODE:	STATE I.D./D.L. #:		STATE OF ISSUANCE:
	I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
Complainant Information	DATE OF INCIDENT: 2,6,16		TIME OF INCIDENT: 830am - 3p		
	LOCATION OF INCIDENT: 8RTU 3E Bathroom Shower Area				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	CC DOC White Shirt Sergeant Moore				
Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP		HOME PHONE #	
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<p> I WAS TAKING A Shower I HAD Asken to get Fair Treatment for Time out of cell 6 Sergeant Moore came to The Shower Area I told Moore That I HAD A Hearinging problem That I kees A Hearing AIDE Moore Sprayed me in Blood of my Eyes AND HEAD AND all over my Body - So That I could not see I WAS picked up NAKED AND put in A Chair AND Rolled out of The Shower </p>				

☐ CONTINUED ON REVERSE

 FOR OFFICE USE ONLY
 DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

IAD/TG #: _____



COOK COUNTY SHERIFF'S OFFICE (OFICINA DEL SHERIFF DEL CONDADO DE COOK)
INMATE DISCIPLINARY HEARING - FINDINGS OF FACT AND DECISION

INCIDENT REPORT NO.	CONTROL NUMBER	IR NUMBER	FBI NUMBER	SID NUMBER	INMATE ID NUMBER
DIV08-2016-1898		1360353	NONE	NONE	704888

INMATE INFORMATION					
Inmate's Name (Print) (Nombre del recluso (Imprimir): James Roberts		Inmate's DOB (Fecha de nacimiento): 8/18/1948	Booking Number: 20140910003	Division/Unit (Division/Unidad): Division 8 RTU	Inmate's Living Unit (Unidad de vida): DIV08-3E-6-1
Infraction: <input type="checkbox"/> Additional Infractions Pg.2 NUMBER: CHARGE:		Waive 24 Hr. Notice <input type="checkbox"/> YES (Si) <input checked="" type="checkbox"/> NO	Date of Hearing (Fecha de audiencia): 2/9/2016	Inmate's Plea to Charge (Motivo del recluso a cargo): <input type="checkbox"/> GUILTY AS CHARGED (Culpable ya cargado) <input checked="" type="checkbox"/> NOT GUILTY (No culpable)	
Representative/Interpreter: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Representante/Interprete):			Is Inmate Housed in Pre-Hearing Segregation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME: TITLE:			If YES, how many days? Date Placed:		
INMATE'S STATEMENT: (Declaracion sobre infraccion del recluso): ALL THAT'S A LIE. EVERY LAST BIT IS A LIE. I WAS TAKING A SHOWER, I DIDN'T REFUSE ANYTHING. I DIDN'T RESIST ANYTHING.					
					Inmate's Signature: (Firma del recluso):

INMATE'S WITNESS INFORMATION					
Witness Name (Testigo): A GARIBO		<input type="checkbox"/> INMATE (Preso) <input checked="" type="checkbox"/> STAFF (Personal)	Inmate ID/Star	Signature	Date
Statement: R/O Garibo #17215 responded to a call heard on the radio by Officer Salmon #16224 stating that an inmate was refusing to lock up. R/O entered the tier along with Ofc. Ravelo #115862, Ofc. Murillo #15921 and Sgt. Moore #3201. R/O was on scene and saw inmate Roberts, James #20140910003 refusing to leave the shower area. R/O saw Sgt. Moore deploy O.C. spray once inmate continued being defiant and remaining in the shower. After OC deployment R/O was handed the taser camera by Sgt. Moore and asked to continue filming while the Sgt made notifications for psych/medical and shift commander. Filming continued till inmate was taken into medical room for decontamination.					
Witness Name (Testigo): A RAVELO		<input type="checkbox"/> INMATE (Preso) <input checked="" type="checkbox"/> STAFF (Personal)	Inmate ID/Star	Signature	Date
Statement: R/O Ravelo #15862 responded to a call heard on the radio by Officer Salmon #16224 stating that an inmate was refusing to lock up. R/O entered the tier along with Ofc. Murillo #15921, Ofc. Garibo #17215 and Sgt. Moore #3201. R/O was ordered to attempt escort of inmate Roberts, James #20140910003 although once he withdrew his arm, Sgt. Moore deployed O.C. Spray. Once the transport chair arrived, R/O assisted Ofc Salmon with lifting inmate Roberts into the seat and taking him for medical (O.C decontamination). Post decontamination, inmate Roberts was returned to his cell without further incident.					
Witness Name (Testigo): D MURILLO		<input type="checkbox"/> INMATE (Preso) <input checked="" type="checkbox"/> STAFF (Personal)	Inmate ID/Star	Signature	Date
Statement: R/O Murillo #15921 responded to a call heard on the radio by Officer Salmon #16224 stating that an inmate was refusing to lock up. R/O entered the tier along with Ofc. Ravelo #15862, Ofc. Garibo #17215 and Sgt. Moore #3201. R/O watched as inmate Roberts withdrew his arm from Ofc. Ravelo and as Sgt. Moore deployed O.C. Spray. Once the transport chair arrived, R/O assisted with securing inmate Roberts into the seat and taking him for medical (O.C decontamination). After decontamination, inmate Roberts was returned to his cell without further incident.					
Witness Name (Testigo): D SALMON		<input type="checkbox"/> INMATE (Preso) <input checked="" type="checkbox"/> STAFF (Personal)	Inmate ID/Star	Signature	Date
Statement: Details within incident report.					

DISPOSITION BY DISCIPLINARY HEARING OFFICER			
IT IS THE FINDING OF THE DISCIPLINARY HEARING BOARD THAT (Mark all that apply)			
<input checked="" type="checkbox"/> GUILTY AS CHARGED The above findings are based on the following: <input type="checkbox"/> INMATE STATEMENT <input type="checkbox"/> WITNESS STATEMENT <input type="checkbox"/> PHYSICAL EVIDENCE <input checked="" type="checkbox"/> INMATE DISCIPLINARY REPORT <input type="checkbox"/> OTHER: _____ EXPLAIN: _____	<input type="checkbox"/> NOT GUILTY The above findings are based on the following: <input type="checkbox"/> INMATE STATEMENT <input type="checkbox"/> WITNESS STATEMENT <input type="checkbox"/> LACK OF PHYSICAL EVIDENCE <input type="checkbox"/> INMATE DISCIPLINARY REPORT <input type="checkbox"/> OTHER: _____ EXPLAIN: _____	<input type="checkbox"/> NOT ADJUDICATED The above findings are based on the following: <input type="checkbox"/> INMATE AT COURT <input type="checkbox"/> INMATE TRANSFERRED TO AN OUTLYING COUNTY <input type="checkbox"/> OTHER: _____ EXPLAIN: _____ NEXT HEARING DATE: _____	<input type="checkbox"/> INMATE HAS BEEN DISCHARGED <input type="checkbox"/> INMATE SHIPPED <input type="checkbox"/> HEARING DATE EXCEEDED 8 DAYS EXPLAIN: _____ <input type="checkbox"/> OTHER: _____ EXPLAIN: _____

HEARING OFFICER'S DECISION		
<input type="checkbox"/> SANCTION(S)		
SANCTION OUT ALONE / HOUSE ALONE	SPECIFY	LENGTH OF TIME 1 HOUR PER DAY
<input checked="" type="checkbox"/> SEGREGATION Number of days: 26 Number of days served: _____ Number of days remaining: _____	<input type="checkbox"/> RESTITUTION <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____	<input type="checkbox"/> MENTAL HEALTH REVIEW <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify changes: _____
HEARING OFFICER'S EXPLANATION OF FINDINGS: 403 - G - 26 DAYS → MARCH 02, 2016 (OUT DATE) REPORT SUPPORTS GUILT. 210 & 212 - NOT GUILTY		
Disciplinary Hearing Officer (Print):		Date:

THIS IS MY LAWSUIT

JAMES ROBERTS

#20140910003

PLEASE SEND IT ADDRESSED
TO ME THANK YOU,
ATTORNEY

JAMES ROBERT
#20140910003
P.O. BOX 089002
CHICAGO, IL 60608

PROOF OF SERVICE:

CERTIFICATE OF SERVICE:

I swear under perjury law

I sent documents to 219 S.

DEARBORN BY PLACING IN MAIL

AT COOK COUNTY JAIL ON 3-25-16

X James Roberts
20140910003